

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

DMK 64169

22  
8/14/00**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
■	Allowed	I	Interference
—	(Through numeral)	Canceled	Appeal
—		Restricted	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1	5	51	101	101	101
2	6	52	102	102	102
3	7	53	103	103	103
4	8	54	104	104	104
5	9	55	105	105	105
6	10	56	106	106	106
7	11	57	107	107	107
8	12	58	108	108	108
9	13	59	109	109	109
10	14	60	110	110	110
11	15	61	111	111	111
12	16	62	112	112	112
13	17	63	113	113	113
14	18	64	114	114	114
15	19	65	115	115	115
16	20	66	116	116	116
17	21	67	117	117	117
18	22	68	118	118	118
19	23	69	119	119	119
20	24	70	120	120	120
21	25	71	121	121	121
22	26	72	122	122	122
23	27	73	123	123	123
24	28	74	124	124	124
25	29	75	125	125	125
26	30	76	126	126	126
27	31	77	127	127	127
28	32	78	128	128	128
29	33	79	129	129	129
30	34	80	130	130	130
31	35	81	131	131	131
32	36	82	132	132	132
33	37	83	133	133	133
34	38	84	134	134	134
35	39	85	135	135	135
36	40	86	136	136	136
37	41	87	137	137	137
38	42	88	138	138	138
39	43	89	139	139	139
40	44	90	140	140	140
41	45	91	141	141	141
42	46	92	142	142	142
43	47	93	143	143	143
44	48	94	144	144	144
45	49	95	145	145	145
46	50	96	146	146	146
47		97	147	147	147
48		98	148	148	148
49		99	149	149	149
50		100	150	150	150

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)